

Name
in
Full

Halter Wilson Allton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

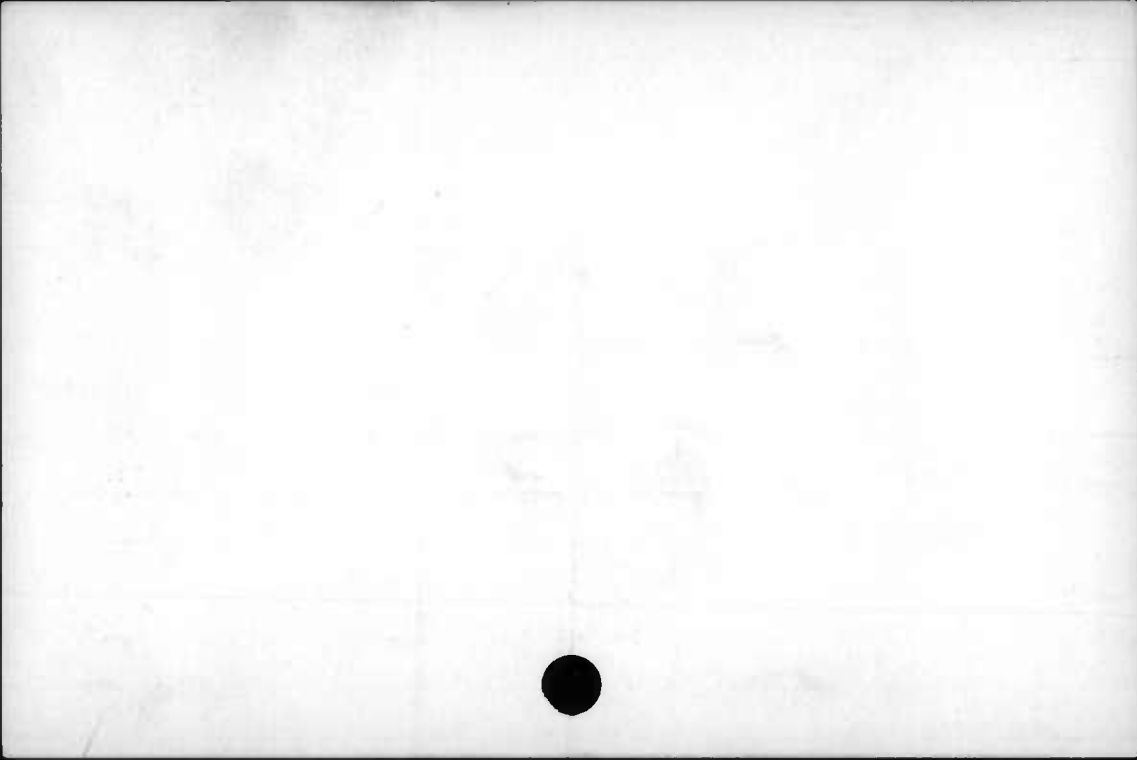
Died at <i>Parran</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	1908	Month	Jan	Day	24
Age	1	Years		Months	14
Sex	Male	Color or Race	White	Birth-place	Parran
Occupation	Where Residing if not at place of death <i>Parran</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>George Webster Allton</i>			Father's Birthplace	<i>Parran</i>
Mother's Maiden Name	<i>Louisa Ogden</i>			Mother's Birthplace	<i>Po. Frederick</i>
Name of person giving information	<i>W. H. Allton</i>			How related to deceased	<i>Grandfather</i>

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>4 days</i>
Immediate	<i>Congestion of Lungs</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. Estlin Paddy</i>
		Address	<i>Parran Calvert, Md.</i>
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND				
Date of death		1908	Jan	17	Age	78	Months	4	Days	-
Sex		Male		Color or Race		White		Birth-place		Calvert Co md
Occupation		Carpenter		Where Residing if not at place of death						
Married, Single or Widowed		Married		Name of Wife or Husband		Mary E Dutton				
Father's Name		Octavius Brown		Father's Birthplace		Unknown				
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown				
Name of person giving information		Wise Brown		How related to deceased		Son				

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	Intestinal Obstruction	How long	4 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr F Chambers md	
Address		Lusby Calvert Co md	
Accident or Suicide?			



Name
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Full

Murray's Equis

CERTIFICATE OF DEATH

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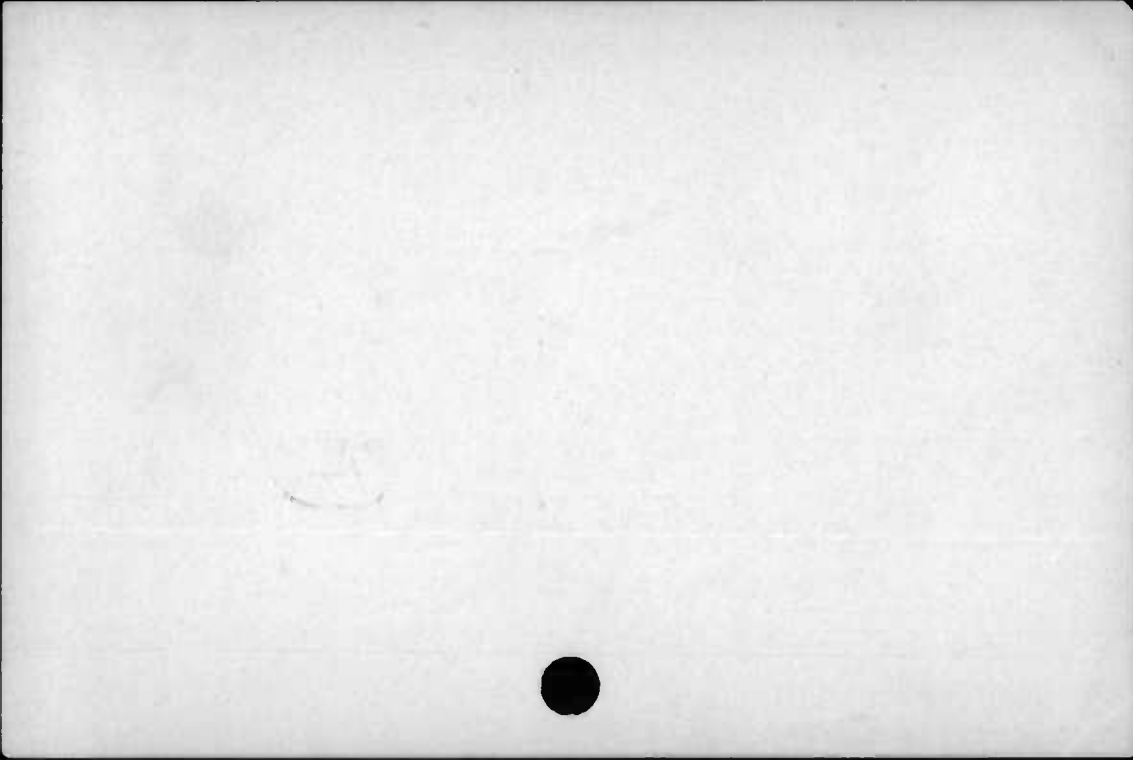
Died at <i>Adelphia</i> Town		<i>Calverton</i> County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1908</i>	<i>July</i>	<i>29</i>	<i>11</i>	<i>-</i>	<i>-</i>
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Calverton</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>		
Father's Name <i>Murray Equis</i>			Father's Birthplace <i>Calverton</i>		
Mother's Maiden Name <i>Elizabeth Ross</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Murray Equis</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary	<i>Mastoid Abscess</i>	How long
Immediate	<i>Meningitis</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. L. M. King</i>
		Address <i>Buiston Md</i>
Accident or Suicide? <i>Q</i>		



Name
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Full

Mrs Barbara Emerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

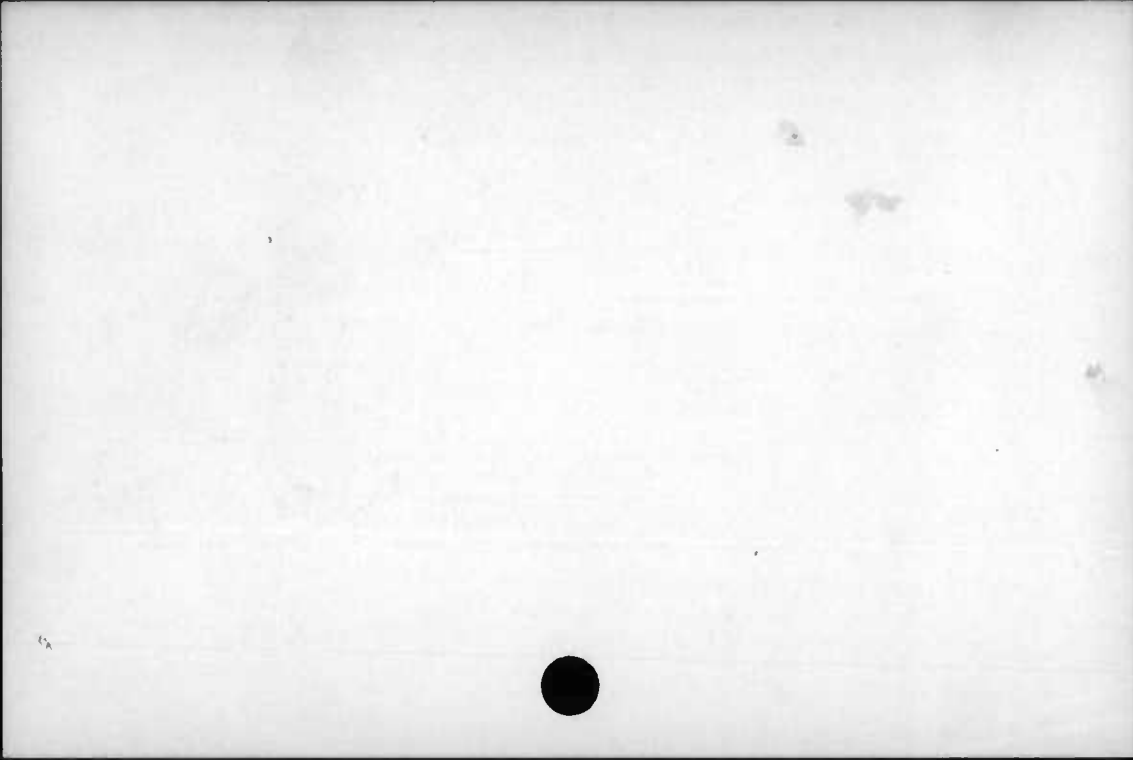
Died at		Sunderland		County		Calvert		MARYLAND	
Date of death		1908	Jan	27	Age	56	Months		Days
Sex		Female		Color or Race		Colored		Birth-place	
Occupation		Housewife		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		James Emerson			
Father's Name		Not obtainable		Father's Birthplace					
Mother's Maiden Name		"		Mother's Birthplace					
Name of person giving information		James Emerson		How related to deceased		Husband.			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary		Chronic Bronchitis		How long		1 year	
Immediate		Pneumonia		How long		2 weeks.	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Thos. W. Chaney M.D.	
				Address		Chaney, Ind.	
Accident or Suicide?							



Name
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Full

Ann Fowler

CERTIFICATE OF DEATH

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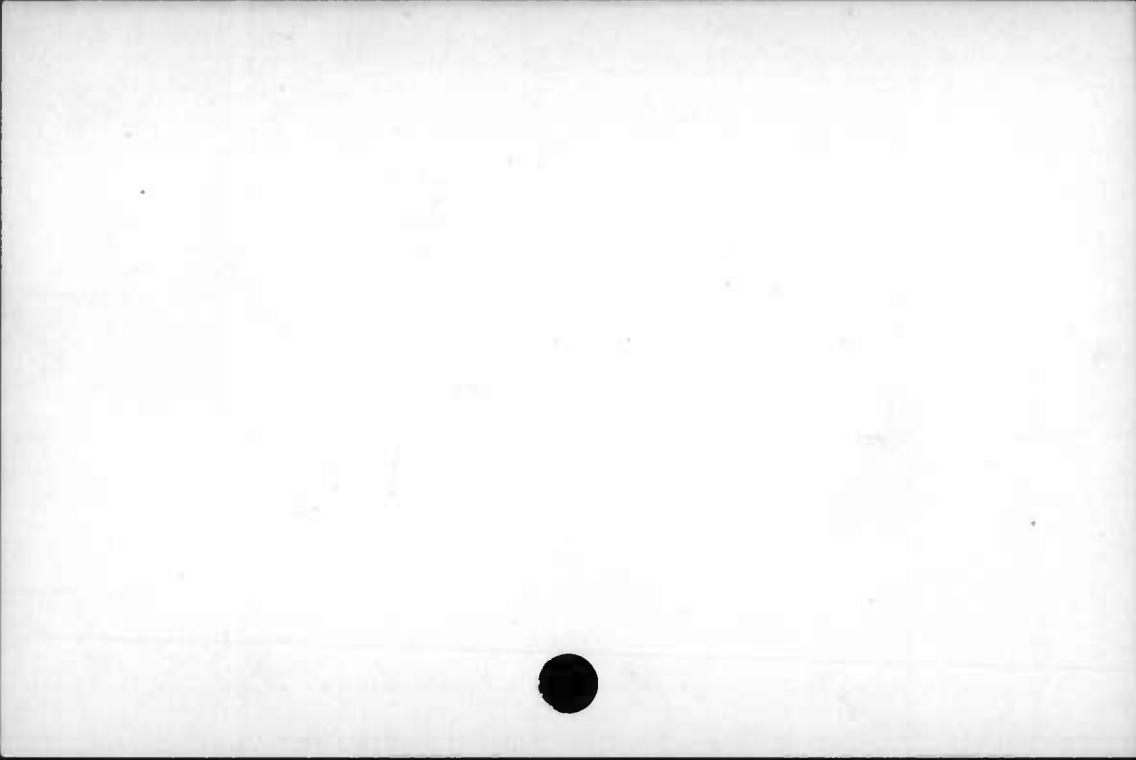
Died at <i>Chaneyville</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan.</i>	Day <i>1</i>	Age <i>83</i> Years	Months <i>4</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Calvert Co</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Wm Cornelius Fowler</i>				
Father's Name <i>Zachariah Horres</i>	Father's Birthplace <i>Cal. Co.</i>				
Mother's Maiden Name <i>Mary Pratt</i>	Mother's Birthplace <i>Cal. Co.</i>				
Name of person giving information <i>N. F. Lane</i>			How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	<i>Hypostatic Congestion of Lungs</i>		How long <i>7 Days</i>
Immediate	<i>Cardiac Failure</i>		How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. N. Hinman</i>	Address <i>Lo. Marlboro,</i>
Accident or Suicide? <i>No</i>		<i>md</i>	



Name
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Full

Hayetiah Groves

CERTIFICATE OF DEATH

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NEAREST FRIEND.

Died at <i>Hayes</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month}	<i>3</i> ^{Day}	Age <i>—</i> ^{Years}	<i>5</i> ^{Months}	<i>5</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John Frank Groves</i>	Father's Birthplace <i>Calvert Co Md</i>				
Mother's Maiden Name <i>Sydney Hicks</i>	Mother's Birthplace <i>Calvert Co Md</i>				
Name of person giving information <i>John Frank Groves</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary <i>Broncho-pneumonia</i>	<i>92</i>	<i>5 days</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo F Chambers Md</i>	
	Address <i>Lucy Calvert Co Md</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Howard</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>10</i>	Age <i>—</i>	Months <i>—</i>	Days <i>27</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Calvert Co Md</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Mary Howard</i>		Mother's Birthplace <i>Calvert Co Md</i>			
Name of person giving information <i>Parran Goff</i>		How related to deceased <i>Uncle by marriage</i>			

CAUSES OF DEATH

(87)

PHYSICIAN
OR CORONER

Primary	<i>Cold and Cough</i>	How long	<i>all its life</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>I presume</i>		Signature of Physician <i>Geo F Chambers</i>	
<i>Yes - Yes</i>		Address <i>Sub. registrar B. H. Luby Calvert Co Md</i>	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

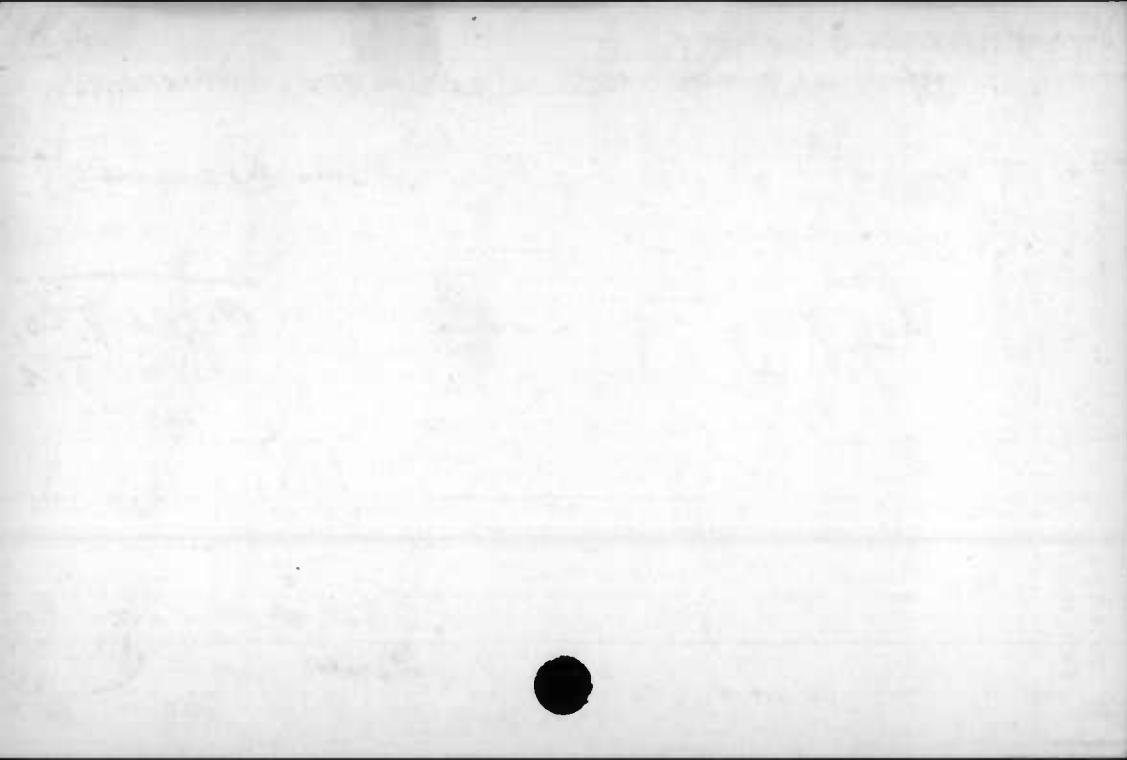
Died at <u>Mt. Airy</u> Town		<u>Caldwell</u> County		MARYLAND	
Date of death <u>1908</u> Month <u>July</u> Day <u>28</u>		Age <u>4</u> Years		Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Caldwell</u>			
Occupation <u></u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>			
Father's Name <u>Is. Johnson</u>		Father's Birthplace <u>Caldwell</u>			
Mother's Maiden Name <u>Eliza Harris</u>		Mother's Birthplace <u>Caldwell</u>			
Name of person giving information <u>Henry Jones</u>		How related to deceased <u>none</u>			

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <u>Burns</u>	How long <u>24 hours</u>
Immediate <u>accident</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>D. J. Busan</u>
	Address <u>Mt. Airy</u>
Accident or Suicide? <u></u>	<u>yes</u>



Name
in
Full22
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

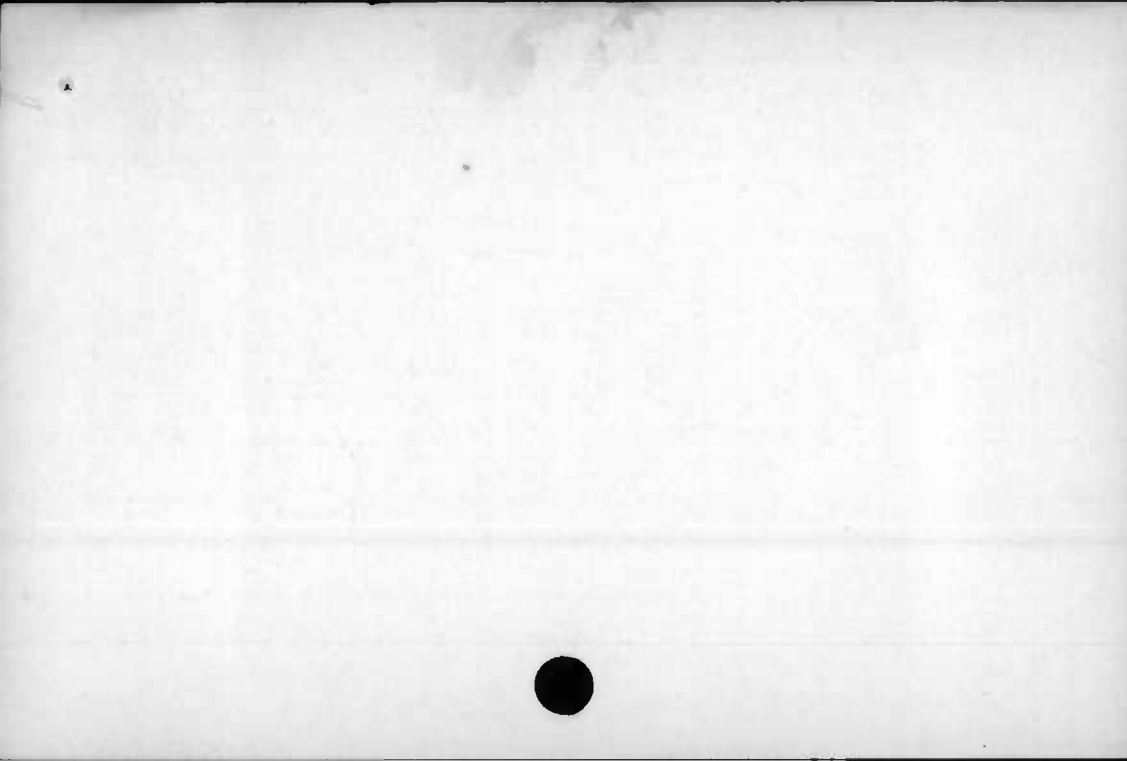
Died at <i>St Leonard</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>12</i>	Years <i>45</i>	Months	Days
Sex <i>Male</i>	Color <i>Colored</i>		Birth-place <i>Calvert Co</i>		
Occupation <i>Farm Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>no</i>		Name of Wife or Husband			
Father's Name <i>Thos Key</i>		Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Fannie Jones</i>		Mother's Birthplace <i>Calvert Co</i>			
Name of person giving information <i>Maec Linder</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Natural Encephalitis -</i>	How long
Immediate <i>Gunshot wound</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. Brisson Jones M.D.</i>
	Address <i>Mulberry Calvert Co Md</i>
Accident or Suicide?	



Name
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Full

Unnamed Infants Purry

CERTIFICATE OF DEATH

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NEAREST FRIEND

Died at <u>Calverton</u> ^{Town}		<u>Calverton</u> ^{County}		MARYLAND	
Date of death	190 <u>9</u>	Month	<u>July</u>	Day	<u>11</u>
Age		Years	<u>—</u>	Months	<u>—</u>
Sex	<u>female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Calverton</u>
Occupation			Where Residing if not at place of death		
<u>—</u>			<u>Calverton</u>		
Married, Single or Widowed		Name of Wife or Husband			
<u>—</u>		<u>—</u>			
Father's Name	<u>Stephen Purroy</u>			Father's Birthplace	<u>Calverton</u>
Mother's Maiden Name	<u>Belle Hough</u>			Mother's Birthplace	<u>—</u>
Name of person giving information	<u>Stephen Purroy</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

179
How long

How long

PHYSICIAN
OR CORONERPrimary Unknown

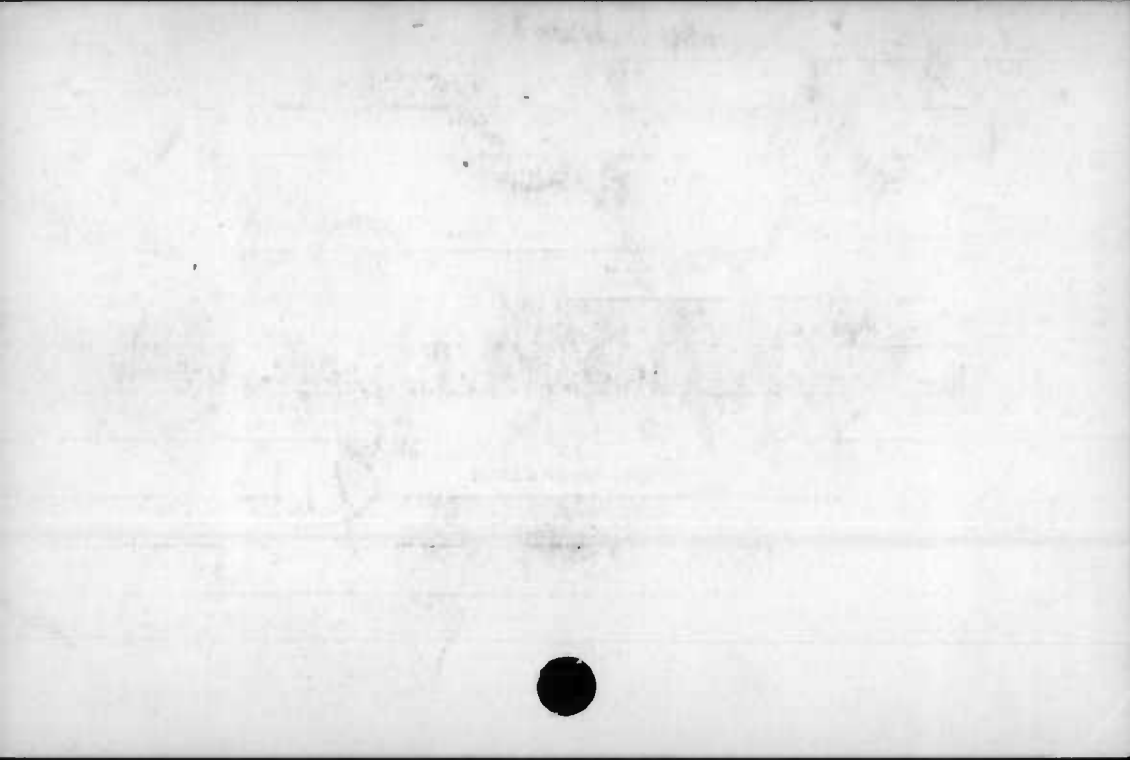
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Un Named Child of Josh Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Mutual* TownCounty *Calvert*

MARYLAND

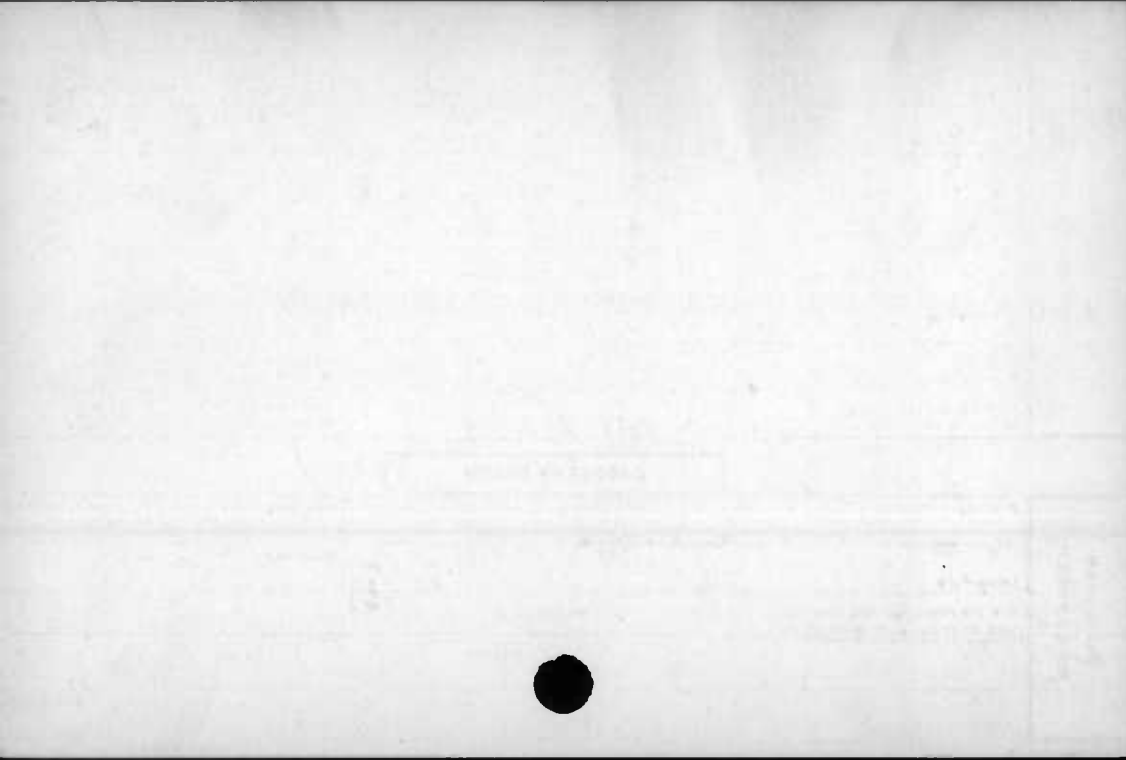
Date of death *1908* Month *July*Day *2*Age *—* YearsMonths *—*Days *—*Sex *Female*Color or Race *Colored*Birth-place *Mutual Md*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Joseph H. Rice*Father's Birthplace *Calvert*Mother's Maiden Name *Sarah H. Graham*Mother's Birthplace *Calvert*Name of person giving information *Jos H Rice*How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Unborn Still born*How long *—*Immediate *—*How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *P. B. Brown*Address *Mutual Md*Accident or Suicide? *—*



Name
in
Full

Cornelia Sutton

CERTIFICATE OF DEATH

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NEAREST FRIEND

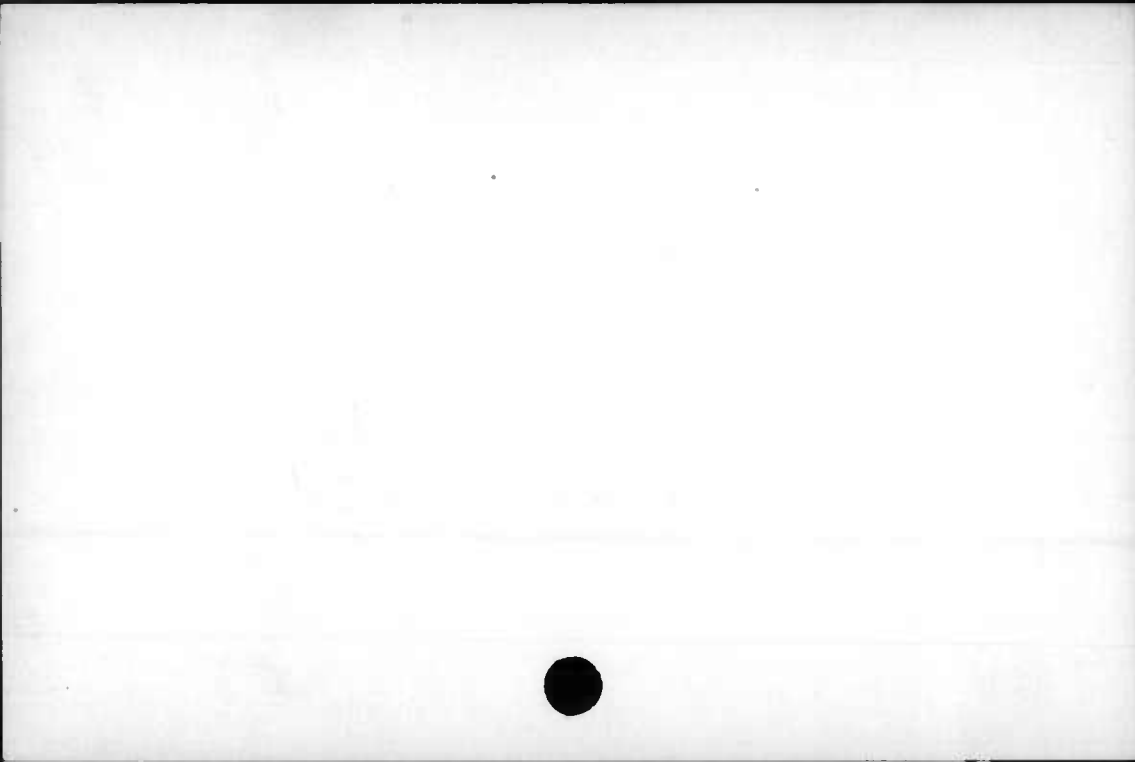
Died at <i>Oliver</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Jan</i>	Day	<i>18</i>
Age	<i>23</i>	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Calvert Co Md</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Matthew Sutton</i>			Father's Birthplace	<i>Calvert Co Md</i>
Mother's Maiden Name	<i>Mary Sutton</i>			Mother's Birthplace	<i>Calvert Co Md</i>
Name of person giving information	<i>Cora Sutton</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>about 1 year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr F Chambers</i>
		Address	<i>Sub-registrar Lusby Calvert Co Md</i>
<i>Accident or Suicide?</i>			



Name
in
Full

William Franklin Watts

CERTIFICATE OF DEATH

MARYLAND

Died at Cherry Hill

Town

Calvert

County

Date

of death 1908

Month

Jan

Day

25

Age

Year

58

Months

—

Days

—

Sex

male

Color or
Race

Colored

Birth-
place

Calvert Co Md

Occupation

Oysterman

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Jane Johnson

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
information

John H Watts

How related
to deceased

Brother

CAUSES OF DEATH

120

Primary

Brights Disease

How long

about 8 mo.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr F Chambers MD
Lusby Calvert Co
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

11